

Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

STATE OF IDAHO,  
Plaintiff,  
vs.

Defendant.

Case No.: \_\_\_\_\_

REQUEST TO MODIFY OR DISMISS  
NO CONTACT ORDER  
I.C.R. 46.2(b)

1. ☐ I am a person protected by a no-contact order in this case .  
☐ I am the parent or guardian of a person protected by a no-contact order in this case.

2. I ask that the No Contact Order issued against the defendant in this case be:

☐ Terminated because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

☐ Changed because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

The changes I want are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

3. It is my own choice to make this request.
4. I understand that, if the court changes or dismisses the No Contact Order in this criminal case, it does not mean the criminal case against the defendant will be dismissed.
5. I also understand that dismissal of the No Contact Order in this criminal case would not change any civil Domestic Violence Protection Order.

\_\_\_\_\_  
Date

Signed: \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Person Signing

REQUEST TO MODIFY OR DISMISS NO CONTACT ORDER